



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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Board of Speech/Language Pathology, Audiology and Hearing Aid Dispensers

Activity Approval Application

To be assured an activity is acceptable for continuing education credits, submit the approval application with a copy of course description, brochure or agenda which includes a breakdown of time allotted for each part of the course content to the address above.

Name: _____ License #: _____

Address: _____ Specialty: SLP _____

AUD _____

HAD _____

City _____ State _____ Zip _____

Activity: _____

How is this activity relevant to your professional specialty? _____

(Submit course description-brochure, agenda, etc.)

Location: _____ Date(s) Offered: _____

Time attended: From _____ to _____

Total Number of hours requesting for approval: _____

Signature _____ Date submitted _____